

The information collected is required for MARAD and MMR/USNR to determine if respondent complied with terms of his/her maritime service obligation agreement during the reporting period. Public reporting burden of this collection of information is estimated to average one-half hour per response. Send comments regarding this burden estimate or any other aspect of this information collection to the Maritime Administration, Office of Management Services, 400 7th Street, SW, Room 7301, Washington, DC 20590, and to the Office of Management and Budget, Paperwork Reduction Project (2133-0508), Washington, DC 20503. Response to this collection is mandatory under 48 App. U.S.C. 1295b for 46 App. U.S.C. 1295c, as applicable. Confidentiality of information collected will be provided to the extent it is protected under the Privacy Act, 5 U.S.C. 552a. Note: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number is 2133-0508.



U.S. Department of Transportation
Maritime Administration

Maritime Administration Service Obligation Compliance Report and Merchant Marine Reserve, U.S. Naval Reserve (USNR), Annual Report

PART I-INSTRUCTIONS: This Compliance Report must be completed annually by Merchant Marine Individual Ready Reserve Group participants for the period of your service obligation after your graduation. You will be reporting on the status of your reserve commission, U.S. Coast Guard (USCG) License and employment. Failure to report annually is a breach of the service obligation and OPNAVINST 1534.1 and will result in disciplinary action to include active duty in the military or reimbursement of tuition. Complete one original and three copies. Sign all copies as originals. Forward one copy to Maritime Administration (MARAD), Office of Maritime Labor, Training and Safety, MAR-250, 400 7th Street, SW, Washington, DC 20590. Send two copies to COMNAVSURFRESFOR (N14), MMR Program Office, 4400 Dauphine Street, New Orleans, LA 70146-5100. Retain a copy for your records.

1. Rank	2. Name (Last, First, Middle Initial)	3. Social Security Number	4. Designator
5. Address (Street, City, State, and Zip Code)		6. Commissioned Date	7. Reporting Year
8. Are you maintaining your Reserve Commission? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch of Service _____		9. Maritime Academy Attended/Year Graduated _____	
10. I HAVE TRANSFERRED TO THE SELECTED RESERVE STATUS AND HAVE AFFILIATED WITH: Unit _____ Reserve Center _____			
11. Have you Renewed or Upgraded your USCG License since last report? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Renewal/Upgrading (Month/Year) _____		12. Telephone: () _____ (Home) () _____ (Work)	
13. U.S. Coast Guard License Serial No. _____	14. Date Issued _____	15. U.S. Coast Guard License Held _____	
16. List Standards of Training, Certification and Watchkeeping (STCW) endorsements since last report, with dates _____			

PART II ACTIVE DUTY TRAINING (ADT)

Dates and Number of Days	Name of Command/Course Title/Ship

Correspondence Courses Completed

1.	Points:	4.	Points:
2.	Points:	5.	Points:
3.	Points:	6.	Points:

Inactive Duty Training (IDT) Participation Authorization

Unit	Reserve Center	Dates & Numbers of IDT Periods			
		()	()	()	()
		()	()	()	()
		()	()	()	()
		()	()	()	TOTAL ()

PRIVACY ACT STATEMENT: 48 CFR 310 authorizes collection of this information. The principal purpose of this information is to determine compliance with Training and Service Agreements and status in the Naval Reserve. Routine use is to monitor and update information in MARAD (SIPSAMS) monitoring system and Navy Management Information Systems. Completion of this form and furnishing your Social Security Number (which will be used by this agency only for the purposes indicated above) is voluntary; however, failure to provide this information represents non-compliance with Training and Service Agreements and could result in adverse administrative actions.

PART III—EMPLOYMENT: An entry must be made for each period of employment during the Reporting Year. Begin with current job and work back. Attach additional sheets if necessary. U.S. Merchant Marine Academy graduates must complete Part III for 5 years. State academy graduates must complete Part III for 3 years. If you have filed the report on employment for the required number of years you need not complete Part III, unless you have received a MARAD waiver or your employment requires a waiver for participation in the MMR.

A Employer's Name	Category of Employment (Mark an "X" in one box)
Employer's Address (Number, Street, City, State, Zip Code)	a. <input type="checkbox"/> Afloat (See*) d. <input type="checkbox"/> Military/NOAA
Exact Title of Your Position	b. <input type="checkbox"/> Maritime Related Ashore e. <input type="checkbox"/> Graduate School
Dates Employed (Month/Day/Year)	c. <input type="checkbox"/> Non-Maritime f. <input type="checkbox"/> Unemployed
	*Vessel (Name and Registry) <input type="checkbox"/> U.S. <input type="checkbox"/> Foreign
B Employer's Name	Category of Employment (Mark an "X" in one box)
Employer's Address (Number, Street, City, State, Zip Code)	a. <input type="checkbox"/> Afloat (See*) d. <input type="checkbox"/> Military/NOAA
Exact Title of Your Position	b. <input type="checkbox"/> Maritime Related Ashore e. <input type="checkbox"/> Graduate School
Dates Employed (Month/Day/Year)	c. <input type="checkbox"/> Non-Maritime f. <input type="checkbox"/> Unemployed
	*Vessel (Name and Registry) <input type="checkbox"/> U.S. <input type="checkbox"/> Foreign
C Employer's Name	Category of Employment (Mark an "X" in one box)
Employer's Address (Number, Street, City, State, Zip Code)	a. <input type="checkbox"/> Afloat (See*) d. <input type="checkbox"/> Military/NOAA
Exact Title of Your Position	b. <input type="checkbox"/> Maritime Related Ashore e. <input type="checkbox"/> Graduate School
Dates Employed (Month/Day/Year)	c. <input type="checkbox"/> Non-Maritime f. <input type="checkbox"/> Unemployed
	*Vessel (Name and Registry) <input type="checkbox"/> U.S. <input type="checkbox"/> Foreign

PART IV. Brief Description of Duties and Responsibilities. State how your maritime-related ashore employment is useful to the U.S. Navy.

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PART V. Space for Additional Details. Indicate to which question this information applies.

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CERTIFICATION

I certify under penalty of perjury that all of the statements made by me are true, complete, and correct to the best of my knowledge and are made in good faith. A false answer to any question in this statement may be punishable by fine or imprisonment (18 U.S.C. 1001).

Signature (Sign in ink)

Date